## MOSQUITO SURVEILLANCE LARVAL COLLECTIONS

For use of this form, see TB MED 561; the proponent agency is OTSG

		<u> </u>	, , , , , ,			
1. DATÉ	2. COLLECTOR					
3.		WEAT	HER DATA			
HIGH			Low		RAINFALL	
	а		b		С	
4. SITE NUMBER	5.	NUMBER	NUMBER			
	DIPS a	LARVAE b	LARVAE/DIP c	COMMENTS		
SPECIMENS SENT TO						
7. DATE	8. SPECIES					
9.		PESTICIE	DE TREATMENT DATA			
DATE a		PESTICIDE b			RATE c	
10. METHOD OF APP	PLICATION			-		
11. AREA (S) TREAT	ED					